Mar. 29. 2004 12:30PM

Myers & Kaplan

No. 1620 P. 3

PTO/SB/01 (10-01)
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Attorney Docket Number	23900-RA	
First Named Inventor	POWERS, Ryan T.	
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Art Unit		
Examiner Name		
	First Named Inventor  COMPLETE I  Application Number  Filling Date  Art Unit	

Filing	required)	Examiner Name	<u> </u>	
As the below named inventor, I here	by declare that:			
My residence, mailing address, and cit		w next to my name.		·
I believe I am the original and first inve			ich a patent is sough	nt on the invention entitled:
CVCTE	M AND METHOD I	FOR INTERNATION	ONAL FUNDS	3
31312		AND ACCESS	•	
	(Title of the Ir	vention)		
the specification of which				
is attached hereto				
OR				
was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International
L	· · · · · · · · · · · · · · · · · · ·			
Application Number	and was amende	ed on (MM/DD/YYYY)		(if applicable).
	<u></u>	<b>L</b>		<del></del>
I hereby state that I have reviewed and	d understand the contents o	If the above identified spe	cification, including t	he claims, as amended by
any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part				
nacknowledge the duty to disclose trianisator which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breader's rights cartificate(s), or 385(a) of any PCT international application which designated at least one county other than the United				
breader's rights cartificate(s), or 305(a) of ally international application by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is				
claimed.	, o, p.,	<u></u>	<del></del>	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional familias analigation at	mhere ere listed on a sunnk	emental priority data shee	PTO/SB/02B attac	hed hereto:

[Page 1 of 2]

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No. 1620 P. 4

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NAME OF SOLE OR FIRST INVENTOR :	A petition	has be	en filed for this unsig	ned inventor
Given Name Ryan T.  (first and middle [if any])  Powers  or Surname				
			Date 3/29/04	
Smyrna V Residence: City	, , , , , , , , , , , , , , , , , , , ,		USA Country	USA Citizenship
4460 Oakdale Road Mailing Address				Oluzensnip
Smyrna cny	Georgia State		30080	USA Country
NAME OF SECOND INVENTOR:	A pelition has	s been	filed for this unsigne	Control Marchael & Processing Street Control C
Given Name Geoff (first and middle [if any])	,	Family or Sum		
Inventor's Signature		····		Date 3/29/04
Orlando Residence: City	Florida State		USA Country	USA Citizenship
1213 West New Hampshire St Mailing Address	reet			
Orlando cay	Florida State		32804 ZIP	USA
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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	POWERS, Ryan T.
Title	System and Method for International
Art Unit	
Examiner Name	
Attorney Docket Number	23900-RA

			<del> </del>
I hereby appoint:			
Practitioners associated with the Customer Number:	30184		
<i>OR</i>	· · · · · · · · · · · · · · · · · · ·		
Practitioner(s) named below:			
Name		Registration	Number
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as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transac	ct all business	in the United States Patent and
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Address	,		
City	State		Zip
Country			
Telephone	Fax		· · · · · · · · · · · · · · · · · · ·
I am the:  Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	R 3.71.		
SIGNATURE of Applicant or Assignee of Record			
Name Ryan I. Powers			<del></del>
Signature Payer 1. Poner	_		<u> </u>
Date 3/29/04		Telephone	770-432-5907
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
*Total of <sup>2</sup> forms are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mar. 29. 2004 12:31PM Myers & Kaplan

No. 1620 P. 5

PTO/S8/81 (09-03)
Approved for use through 11/30/2005. OMB 0851-0035
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS NDICATION FORM  I hereby appoint:    Practitioners associated with the Customer Number:   OR	Under the Paperwork Reduction Act of 1995, no persona site red	Application Number		
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Trible System and Method for International    Trible	POWER OF ATTORNEY	First Named Inventor	POWERS, Ryan T.	
CORRESPONDENCE ADDRESS INDICATION FORM  Attorney Docket Number 23900-RA  Attorney Docket Number 23900-RA  Attorney Docket Number 23900-RA  Attorney Docket Number 23900-RA    Practitioner(s) named below:    Name	<b></b>	Title		
I hereby appoint:  Practitionars associated with the Customar Number:  OR  Practitionar(s) named below:  Name  Registration Number  Registration Number  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Statement Office connected the explication identified above, and to transact all business in the United States Patent and  The address associated with the above-mentioned Customer Number:  OR  Firm or Individual Name  Address  Address  Address  Address  Address  Address  Address  Address  Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/S895)  Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/S895)  Signature	CORRESPONDENCE ADDRESS	Art Unit		
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I hereby appoint:  ✓ Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Name  Registration Number  Registration Number  Registration Number  Registration Number  Name  Registration Number  States Patent and  Registration Number  Registration Number  Registration Number  Registration Number  Registration Number  States Patent and  Registration Number  Registration Number  States Patent and  Registration Number  Registration Number  Registration Number  Registration Number  States Patent and  Registration Number  States Patent and  Registration Number  Registration Number  States Patent and  Registration Number  Registration Number  Registration Number  States Patent and  Registration Number  Re		Anorney Docket Number	23900-RA	
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Registration Number  Name  Registration Number  Registration Number  as my/our attempy(s) or agent(s) to prosecute the application identified above, and to transect all business in the United States Patent and Trademusk Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Stee  Signature  Signature  Signature  Signature  Signature				
Practitionsr(s) named below:    Name	I hereby appoint:			
Practitionsr(s) named below:    Name		·	İ	
Practitionar(s) named below:    Name	Practitioners associated with the Customer Number:	30184		
Name Ragistration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name Address  State  I gen the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)  SIGNATURE of Applicant or Assignee of Record  Name Geoff Toffetti  Signature	OR .		<del></del>	
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Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  Address  City  Country  Telephone  Ign the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Geoff Toffetti  Signature	Num		· ·	
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Firm or Individual Name Address Address City State Zip Country Telephone Fax  I sm the:  // Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Geoff Toffetti Signature	00			
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Address  City  Country  Telephone  Fax  Ism the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Farm PTC/SB/95)  SIGNATURE of Applicant or Assignee of Record  Name  Geoff Toffetti  Signature			·	
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Signature	Name Geoff Toffetti			
			Telephone 407 839 3365	

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